ARIZONA STATE BOARD OF HEALTH BUBEAU OF VITAL STATISTICS STANDARD CERTIFICATE OF MIGHT  County Mila  District or Township  No. S. M. W. O. S. M. W. M.	en e	158
District or Township  City  Ward  No. 52   Ward  (If bitch occurred in a hospital or institution, give its NAME instead of street and number)  It child is not yet named, make  supplemental report, as directed.  Sea of Child  To be answered ONLY  St.  Ward  (If bitch occurred in a hospital or institution, give its NAME instead of street and number)  It child is not yet named, make  supplemental report, as directed.  Sea of Child  To be answered ONLY  4. Twin, triplet or other.  6. Legitimate f. 7. Date  of birth  Month Day Year  14. Month Day Year  15. Residence  (Usual place of abode)  Ward  It non-resident, give place and state.  Ward  It non-resident, give place and state.  When there was no attending physician or midwife, then the father, assuming the of third or physician or midwife, then the father, assuming the or state of the matter of industry  When there was no attending physician or midwife, then the father, assuming a supplement report.  Month, day, year  Filed  Manny  Nonth, day, year  Filed  Manny  Manny  Manny  Manny  Manny  Manny  Manny  Month, day, year  Filed  Manny  Manny  Manny  Manny  Manny  Month, day, year  Filed  Manny  Manny  Manny  Month, day, year  Filed  Manny  Manny  Month, day, year  Manny  Manny  Manny  Month, day, year  Filed  Manny  Month, day, year  Filed  Manny  M	ARIZONA STATE B	OARD OF HEALTH State File No.
District or Township  Or Village  Ward  Ward  No. S. J. J. Do ov Village  Or Village  Ward  Mamm.  No. S. J. J. Do ov Village  Of birth hild is not yet named, make supplemental report, as directed.  Sex of Child  To be answered ONLY  4. Twin, triplet or other.  5. Sex of Child  To be answered ONLY  4. Twin, triplet or other.  5. No., in order of birth  Your  J. Date  Of birth Monty  Your  Full name  S. FATHER  Full maiden name  Mamuela  Darquely  16. Residence  (Usual place of abode)  Mammi.  If non-resident, give place and state.  My S. Honor-resident, give place and state.  My S. Honor-resident, give place and state.  Ward  16. Color or race  My S. Hirthplace (city or place)  (State or country)  12. Birthplace (city or place)  (State or country)  Neture of Industry  Mey.  13. Occupation  Neture of Industry  Neture of Industry  My S. Hirthplace (city or place)  14. Occupation  Neture of Industry  Mey.  15. Birthplace (city or place)  (State or country)  16. Color or race  My S. Hirthplace (city or place)  (State or country)  17. Age at last birthday & (Years)  18. Birthplace (city or place)  Occupation  Nature of Industry  My S. Mamme of birth of child herein H  (State or country)  19. Occupation  Nature of Industry  Ward  I hereby certify that I attended the birth of this child, who was the but now deed.  (State or country)  I hereby certify that I attended the birth of this child, who was the but now deed.  (State or country)  Signature  My Signature  My Signature  (Physician or mitwirk)  (Physician or mitwirk)  (Physician or mitwirk)  (Routh, day, year  Filed My 113. 20  Resistance	BUREAU OF VIT	TAL STATISTICS Registered No.
District or Township  City  Miami.  No. 5.2/ Labs on Site in NAME instead of street and number)  (It hirth occurred in a hospital or institution, give its NAME instead of street and number)  It child is not yet named, make  St. ward  St. ward  It child is not yet named, make  St. supplemental report, as directed.  Sex of Child To be answered ONLY   4. Twin, triplet or other.  S. Sex of Child To be answered ONLY   5. No., in order of birth.  S. FATHER  Full name Salvadar Africanadas  FATHER  Full made name  Full made name  Monther  15. Residence  (Usual place of abode)  If non-resident, give place and state.  My St.  16. Color or race  My St.  17. Age at last birthdo. (Years)  18. Birthplace (city or place).  (State or country)  19. Occupation  Nature of Industry  My St.  10. Occupation  Nature of Industry  My St.  10. Occupation  Nature of Industry  My St.  11. Age at last birthday D. (Years)  12. Were present on a taken and now living.  21. Were present on taken persint ophics.  (Silibera certified and incubing this child).  (Silibera certified and incubing this child).  Stgnature  My St.  My	1. PLACE OF BIRTH STANDARD CERTI	FICATE OF BIRTH
District or Township  City  Miami.  No. 5.2/ Labs on Site in NAME instead of street and number)  (It hirth occurred in a hospital or institution, give its NAME instead of street and number)  It child is not yet named, make  St. ward  St. ward  It child is not yet named, make  St. supplemental report, as directed.  Sex of Child To be answered ONLY   4. Twin, triplet or other.  S. Sex of Child To be answered ONLY   5. No., in order of birth.  S. FATHER  Full name Salvadar Africanadas  FATHER  Full made name  Full made name  Monther  15. Residence  (Usual place of abode)  If non-resident, give place and state.  My St.  16. Color or race  My St.  17. Age at last birthdo. (Years)  18. Birthplace (city or place).  (State or country)  19. Occupation  Nature of Industry  My St.  10. Occupation  Nature of Industry  My St.  10. Occupation  Nature of Industry  My St.  11. Age at last birthday D. (Years)  12. Were present on a taken and now living.  21. Were present on taken persint ophics.  (Silibera certified and incubing this child).  (Silibera certified and incubing this child).  Stgnature  My St.  My	Nila	State Urizona
City Miami.  No. 3 A July Mark  No. 3 A July Mark  No. 3 A July Mark  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  It child is not yet named, make  supplemental report, as directed.  2. Full name of child.  3. Sex of Child To be answered ONLY in event of plural in event of plural births.  5. No., in order of birth.  4. Twin, triplet or other.  6. Legitimate 7. Date  of birth Monty Day Year  14. Montre  Full maiden name Manuella Barquis  15. Residence (Usual place of abode)  If non-resident, give place and state.  16. Color or race  11. Age at last birthds (Years)  12. Birthplace (city or place)  (State or country)  13. Geoupation  Nature of industry  Notice of industry  Mark  14. Supplemental report, as directed.  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthds (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  Mark  19. Occupation  Nature of industry  Control of this mother.  (10) Stillborn  Control of Attention, Physician or sendwife.  (11) Hereby certify that I attended the birth of this child, who was the father, householder, stee, should make this return. A stillborn in this child.  (12) Signature  Month, day, year  Month, day, year  Notice in a hought in stillation, give its name in the institute buth.  (12) Market in a hought in still or should be instituted buth.  (13) Birthplace (city or place)  (14) Age at last birthds All (Years)  15. Birthplace (city or place)  (15) Age at last birthday All (Years)  16. Color or race  17. Age at last birthday All (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  (State or country)  (State or country)	County	
2. Full name of child  3. Ses of Child To be answered ONLY   4. Twin, triplet or other.   6. Legitimate; 7. Date   1. Date   1	District or Township	n or things OA
2. Full name of child  3. Ses of Child To be answered ONLY   4. Twin, triplet or other.   6. Legitimate; 7. Date   1. Date   1	City Mame No. 3 d/ Mil	hospital or institution, give its NAME instead of street and number)
2. Full name of child.  3. Sex of Child To be answered ONLY 4. Twin, triplet or other.  5. No. in order of birth.  9. Kesidence (Usual place of abode)  11. Age at last birthds (Years)  12. Birthplace (city or place).  13. Geoupation  14. Born alive and now living (State or country)  15. Born alive and now living (State or country)  16. Occupation  17. Name of industry MMM  20. Number of children of this mother.  (Taken as of time of birth of child herein H (c) Stillborn (C)	11 tung to not yet manual man	
Second   S	2. Fuil name of child.	
FATHER Full name Salvadar Alernandls  5. No., in order of birth  14. Mother  Full maiden name Manuela Baryans  5. Residence (Usual place of abode) Manuel  15. Residence (Usual place of abode) Minumania  16. Color or race  11. Age at last birthday 5. (Years)  12. Birthplace (city or place)  13. Birthplace (city or place)  14. Age at last birthday 5. (Years)  15. Birthplace (city or place)  16. Color or race  17. Age at last birthday 2. (Years)  18. Birthplace (city or place)  19. Occupation  Nature of Industry  20. Number of children of this mother.  (Taken as of time of birth of child herein H (c) Stillborn  Terrificed and including this child.)  18. Birthplace (city or place)  19. Occupation  Nature of Industry  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF 3. (Incomplication of the child, who was Dankans at J. Incomplication of the child, who was Dankans at J	3. Sex of China; vo be well	er of birth My 5- 1930-
S. FATHER Full name Lalvador Oblimands  9. Residence (Usual place of abode) Miami, If non-resident, give place and state.  10. Color or race  11. Age at last birthd25 (Years)  12. Birthplace (city or place).  (State or country)  13. Gecupation  Nature of Industry  Nature of Industry  14. Modifier  15. Residence (Usual place of abode) Miamic  16. Color or race  17. Age at last birthda25 (Years)  18. Birthplace (city or place).  (State or country)  19. Occupation  Nature of Industry  20. Number of children of this mother.  (Taken as of time of birth of child herein H  (Certified and including this child).  (Certified and including this child).  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30 (Ither place) or midwife. Then the father, householder, etc. should make this return. A stillborn hid is one that neither breathes nor shows other evidence of life atter birth.  Given name added from a supplement! report.  Month, day, year  14. Monthen name Manuela Borrquis (Usual place of abode) Miamic  15. Residence (Usual place of abode) Miamic  (Ison of place) and state.  (Usual place of abode) Miamic  15. Residence (Usual place of abode) Miamic  (Ison of place) and state.  (Years)  16. Color or race  17. Age at last birthday D. (Years)  18. Birthplace (city or place).  (State or country)  19. Occupation  Nature of Industry  Adversidation of place).  (State or country)  12. Were precaufons taken against ophthalmin neonatorum?  (C) Stillborn  (C) S	ill. It is audom of hi	rth Month Day Year
Full name Salvaday Adrianally  9. Residence (Usual place of abode) Miami, If non-resident, give place and state.  10. Color or race  11. Age at last birthdos (Years)  12. Birthplace (city or place) (State or country)  13. Occupation  Nature of Industry  14. Occupation  Nature of Industry  15. Born alive and now living  16. Color or race  17. Age at last birthday (Years)  18. Birthplace (city or place) (State or country)  19. Occupation  Nature of Industry  10. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30  (Sith or country)  10. Thereby certify that I attended the birth of this child.  11. Age at last birthday (Years)  12. Birthplace (city or place)  (State or country)  13. Birthplace (city or place)  (State or country)  14. Occupation  Nature of Industry  (State or country)  15. Residence  16. Color or race  17. Age at last birthday (Years)  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation  Nature of Industry  (State or country)  10. Occupation  Nature of Industry  (State or country)  11. Age at last birthday (Years)  (State or country)  12. Were precations taken against oph-  thelmia neonatorum in the precations taken against oph-  thelmia neonatorum in the fact above stated.  (Idean place of abode)  16. Color or race  17. Age at last birthday (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of Industry  (State or country)  10. Occupation  Nature of Industry  (State or country)  11. Age at last birthday (Years)  12. Were precations taken against oph-  thelmia neonatorum in the state of Industry  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation  Nature of Industry  (State or country)  10. Occupation  Nature of Industry	The state of the s	14. MOTHER U
9. Residence (Usual place of abode)  If non-resident, give place and state.  10. Color or race  11. Age at last birthdod. (Years)  12. Birthplace (city or place) (State or country)  13. Occupation  Nature of Industry  14. Occupation  Nature of Industry  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthdod. (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of Industry  19. Occupation  Nature of Industry  19. Occupation  Nature of Industry  10. Number of children of this mother.  (b) Born alive and now living.  11. Age at last birthday. (State or country)  12. Were precaulons taken against ophthalmia neonatorum?  (State or country)  19. Occupation  Nature of Industry  11. Age at last birthday. (State or country)  12. Were precaulons taken against ophthalmia neonatorum?  (State or country)  12. Were precaulons taken against ophthalmia neonatorum?  (State or country)  19. Occupation  Nature of Industry  (State	1 0 1 1 1	Full maiden name Manuela (BANOMA)
If non-resident, give place and state.  If non	Lawador Ofeminales	VA COURT
If non-resident, give place and state.  If non	9. Residence Mame	15. Residence (Usual place of abode)
16. Color or race  17. Age at last birthday 25. (Years)  18. Birthplace (city or place)  19. Occupation  Nature of Industry  19. Occupation  Nature of industry  19. Occupation  Nature of time of birth of child herein H  (C) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDVIFE 30  11. Hereby certify that I attended the birth of this child, who was 05. Manual Manual Mills or midwife, then the father, householder, out. should make this return.  Signature  When there was no attending physician or midwife, then the father, householder, out. should make this return.  Signature  Month, day, year  Honth, day, year  16. Color or race  MUL 17. Age at last birthday 20. (Years)  18. Birthplace (city or place)  State or country)  19. Occupation  Nature of Industry  Mul 21. Were precardons taken against oph-thalms now dead.  (c) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDVIFE 30  (Born alive or stilly profit or midwife, then the father, householder, out. should make this return.  Signature  Month, day, year  Month, day, year  Filed My 19.33	(Deast frace of moode)	If non-resident, give place and state. Wyowa.
11. Age at last birthds Nears)  12. Birthplace (city or place)  (State or country)  13. Gecupation  Nature of Industry  Nature of Industry  (State or country)  14. Occupation  Nature of Industry  Nature of Industry  (State or country)  15. Birthplace (city or place)  (State or country)  16. Occupation  Nature of Industry  Nature of Industry  (State or country)  17. Age at last birthday D. (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of Industry  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living and now living 19. Occupation  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  Nature of Industry  (Can be not living 19. Occupation  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation  Nature of Industry  (State or country)  19. Occupation	If non-resident, give place and state.	
12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of Industry  Nature of Industry  (State or country)  14. Occupation  Nature of Industry  Nature of Industry  (Born alive and now living 21. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 22. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 23. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 24. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 25. Stillborn alive but now dead. 26. Stillborn  (Constitution of this child.)  (Constitution of this child.)  (Constitution of this mother. 25. Stillborn alive of the precaution of the date above stated.  (Constitution of this child.)  (Constitution of this mother. 26. Stillborn alive of the precaution of the date above stated.  (Constitution of this child.)  (Constitution of this mother. 27. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 28. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 29. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 29. Were precautions taken against ophthalman enonatorum?  (Constitution of this mother. 29. Were precautions taken against ophthalman enonatorum?  (Constitution of this child.)  (Constitution of thi	10. Color or race	1)
12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of Industry  Nature of Industry  (State or country)  14. Occupation  Nature of Industry  (State or country)  15. Occupation  Nature of Industry  (State or country)  16. Occupation  Nature of Industry  (State or country)  17. Occupation  Nature of Industry  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of Industry  (Taken as of time of birth of child herein H  (C) Stillborn	Mel II. Age at last birthus control	17. Age at last olithday.Loss(Teals)
(State or country)  13. Getupation  Nature of Industry  19. Occupation  Nature of Industry  20. Number of children of this mother	0	18 Birthulace (city or place) Abnora
19. Occupation  Nature of Industry  Nature of Industry  Nature of Industry  (a) Born alive and now living  20. Number of children of this mother	12. Birthplace (city or place)	
Nature of Industry  Nature	(State or country)	
Nature of Industry  20. Number of children of this mother	13. Occupation	li
20. Number of children of this mother	Warn of Industry War. A.	Al misewile
(Taken as of time of birth of child herein # (c) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 36  I hereby certify that I attended the birth of this child, who was be made at 3 m on the date above stated.  I hereby certify that I attended the birth of this child, who was be made at 3 m on the date above stated.  (Born glive or stillborn)  (When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn with a sillborn bild is one that neither breathes nor shows other evidence of life atter birth.  (Given name added from a supplement) report.  Month, day, year  Filed My 19.30  Registrar.	1100000	ive and now living 21. Were precautions taken against oph-
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30  I hereby certify that I attended the birth of this child, who was bormanile at 3 mon the date above stated.  (Born glive or stillion)  When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn hild is one that neither breathes nor shows other evidence of life atter birth.  Given name added from a supplement report.  Month, day, year  Filed My 19.30  Registrar.		
I hereby certify that I attended the birth of this child, who was \$\begin{align*}{ccc} \text{3.50 midwife},  then the father, householder, outc. should make this return. A stillborn hild is one that neither breathes nor shows other evidence of life atter birth.  Given name added from a supplement! report.  Month, day, year    Month, day, year   Month, day, year   Month, day, year   Month, day, year   Month, day, year   Registrar.	(Taken as of time of birth of child the H ) (c) Stillborn certified and including this child.)	NAME PHYSICIAN OR MIDWIFE CO.
(Physician or midwife, then the father, householder, etc. should make this return. A stillborn hild is one that neither breathes nor shows other evidence of life atter birth.  Given name added from a supplement! report.  Month, day, year  Filed My 19.30  Registrar.	CERTIFICATE OF ATTEMO	Comalus at 3 A. m on the date above stated.
or midwife, then the funer, not stillborn etc. should make this return. A stillborn hild is one that neither breathes nor shows other evidence of life atter birth.  Given name added from a supplement! report.  Month, day, year  Filed My 19.30  Registrar.		
ctc. should make this return. A stillborn hild is one that neither breathes nor shows other evidence of life atter birth.  Given name added from a supplement! report		yul 111. 10/ www. 11. W
Given name added from a supplement! report.  Month, day, year  Filed My 19.30  Registrar.	etc. should make this return. A sumborn	//
Month, day, year Filed My 19 30 Re- 8. Registrar.	R I t t	<b>イス</b> 引 (2.87 <b>)</b>
Filed July 119 30 / Co Registrar	a supplement report	Trumping of the state of the st
Registrar. 089-705-429		1 July/10 50 /4-6. 0) Properties
* \( \sqrt{89} - 705 - 429 \)	Registrar.	
	~" \\ \( \lambda \lamb	429

62

0.